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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/12/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY WA	SHEETS DRAWING 4	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 6
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## ADDRESS

28159  
 PHILIPS MEDICAL SYSTEMS  
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## TITLE

Method and apparatus for defibrillating patients of all ages

FILING FEE

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